

## **XIV REQUIREMENTS FOR RESOURCE HOME SERVICES**

### **H. License Changes:**

1. The agency shall provide to the Department a Resource Home Demographics form for new foster parent applicants and any changes that occur between recertification within five (5) calendar days, such as:
  - a. Change in address/relocation/physical location
  - b. Change in number/type of children
  - c. Change in marital status
  - d. Death/change in household members
  - e. Closure

# MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Division of Family and Children Services – Licensure

## RESOURCE HOME INQUIRY DATA SHEET

Please complete this form prior to training of a potential resource home(s) and fax to: 601-359-4226 or 601-359-2390

Agency/Contact Person: \_\_\_\_\_ Fax # \_\_\_\_\_

### INQUIRIES:

Name \_\_\_\_\_  
Last Maiden First Middle I

Address \_\_\_\_\_  
Street City, State Zip Code

SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Married/Single/Divorced/Separated

If married:

Spouse Name: \_\_\_\_\_ SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Transfer from another agency ( ) No ( ) Yes \_\_\_\_\_  
Name of agency

Eligible for Training ( ) Not Eligible for Training ( )

Results found: \_\_\_\_\_

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Name \_\_\_\_\_  
Last Maiden First Middle I

Address \_\_\_\_\_  
Street City, State Zip Code

SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Married/Single/Divorced/Separated

If married:

Spouse Name: \_\_\_\_\_ SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Transfer from another agency ( ) No ( ) Yes \_\_\_\_\_  
Name of agency

Eligible for Training ( ) Not Eligible for Training ( )

Results found: \_\_\_\_\_

=====

Name \_\_\_\_\_  
Last Maiden First Middle I

Address \_\_\_\_\_  
Street City, State Zip Code

SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Married/Single/Divorced/Separated

If married:

Spouse Name: \_\_\_\_\_ SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Transfer from another agency ( ) No ( ) Yes \_\_\_\_\_  
Name of agency

Eligible for Training ( ) Not Eligible for Training ( )

Results found: \_\_\_\_\_

**MDHS/DFCS RESOURCE INQUIRY DATA SHEET****Protocol**

The Resource Inquiry Data Sheet has been developed to assist Agency Resource Providers to certify and license families that meet the necessary requirements, to alleviate any problems and or concerns associated with families being licensed and or associated with multiple agencies and to notify the agencies if the identified family has current or past affiliations with MDHS. The inquiry sheet will be utilized as follows:

- When Provider Agencies receive inquiries from potential families, the inquiry data sheet is completed and faxed to DFCS Licensure Unit **prior** to a family attending any scheduled training
- Completed forms should be faxed to (601) 359-2390 attention Jywanza Goodman
- Within 48 hours of request being received, Jywanza will conduct the appropriate search and results sent back to the Provider Agency within 48 hours
- Once findings are provided, Jywanza will forward final paperwork to assigned Licensure Staff for filing